Iowa Medicaid and Health Information Technology

Annual Training 2011

HIT Topics

- HIE
- Provider Incentive Payment Program
- REC Services
- Health Home

HIT, HIE and the EHR

- Health Information Technology
- Health Information Exchange
- Electronic Health Record

An HIE will share that health information to …

	Improve Patient Care
	Save Valuable Time
	Lower Cost through Increased Efficiency
	Help Providers Access Incentive $$ (Likely part of Stage 2 Meaningful Use in 2013)
	Prepare for Payment Reform (e.g., ACOs, Prometheus, Patient Centered Medical Home, Bundled Payments etc…)

…and do it safely and securely.

HIE Infrastructure & Services

Expanded Services

- Public Health Surveillance
- ACOs and other models
- Clinical Decision Support
- Automated Quality Reporting

Core Services

- CCD : Allergies, Med History
- Secure Messaging
- EHR Lite
- CCD : Lab and Radiology Results
- Immunization Reporting

Foundation elements

- EMPI
- Direct Connect & Portal Access
- Provider/Org Directory
- Patient Consent
- Record Locator Service
- Audit and Logging

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SFY2012* HIE Services/Data

- Secure Messaging (includes Medical Record Push)
- Continuity of care documents
  - Demographics
  - Allergies or contraindications
  - Medication history
  - Lab results
  - Radiology results
  - Immunization history
- Immunization reporting and retrieval
- Quality metric submission
- Reporting communicable diseases

SFY2013* HIE Services/Data

- All Services from SFY 2012
- Patient Portal
- Automated Capture of Quality Reporting
- Alerts and Quality Indicators
- EHR Lite

Potential Future HIE Services

- Credentialing
- Enrollment Eligibility
- Vital Records (Birth and Death)
- Newborn Metabolic Screening
- Radiology images
- Connect Disability Determination Services

Provider and patient choice

- Providers may choose to use the HIE. It's optional, but the most value is created when all providers participate (including behavioral health)

- To indicate interest, complete the Participation Interest Form at : www.iowaehealth.org/provider/participation_form.html

- Patients may choose to "opt-out" of the HIE
  - Specific processes to opt-out will be established through administrative rules and policies
  - Patient education
  - Opting-out for individuals with specially protected health information

Current activities

- Participation Agreements
- Participation Manual
    - Legal References (Agreements and Administrative Rules)
    - Policies
    - Procedures
    - Technical reference
- Several large stakeholder Letters of Intent
- Participation Interest Form

http://www.iowaehealth.org/provider/participation_form.html

EHR Incentive Payment Program

Background

- American Recovery and Reinvestment Act (ARRA) provides incentive payments to Medicaid-eligible professionals and hospitals for the meaningful use of certified EHR technology

- For Medicaid-eligible professionals and hospitals to adopt and meaningfully use health information technology to improve health care quality, efficiency, and patient safety

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Iowa Statistics

- One of four states to launch January 3, 2011

- First payment issued January 24

- As of August 15, paid over $13.4 M to 149 EPs and EHs

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Provider Type Eligibility

Non-hospital based Eligible Professional (EP)

- Physicians
- Nurse Practitioners
- Certified Nurse Midwives
- Dentists
- PAs working in a FQHC/RHC when the facility is led by a PA

Patient Threshold Eligibility

Entity	Minimum Medicaid patient volume threshold	Or the Medicaid EP practices predominately in an FQHC or RHC – 30% needy individual patient volume threshold
Physicians	30%	
Pediatricians	20%	
Dentists	30%	
CNMs	30%	
Pas when practicing at an FQHC/RHC that is so led by a PA	30%	
NPs	30%	
Acute care hospitals	10%	N/A
Children's hospitals	No requirement	

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Incentive Payments

CY	Medicaid EPs who begin adoption, or MU certified EHR technology in					
	2011	2012	2013	2014	2015	2016
2011	$21,250					
2012	8,500	$21,250				
2013	8,500	8,500	$21,250			
2014	8,500	8,500	8,500	$21,250		
2015	8,500	8,500	8,500	8,500	$21,250	
2016	8,500	8,500	8,500	8,500	8,500	$21,250
2017		8,500	8,500	8,500	8,500	8,500
2018			8,500	8,500	8,500	8,500
2019				8,500	8,500	8,500
2020					8,500	8,500
2021						8,500
TOTAL	63,750	63,750	63,750	63,750	63,750	63,750

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Hospital Incentive Payment

The calculation is (overall EHR Amount) times (Medicaid Share)

- Where overall EHR Amount equals
    - {Sum over 4 year of {(Base Amount plus discharge related amount applicable for each year) times transition Factor applicable for each year}} times

- Medicaid Share equals
    - {(Medicaid inpatient-bed-days plus Medicaid managed care inpatient-bed-days) divided by {(total inpatient-bed days) times (estimated total charges minus charity care charges) divided by (estimated total charges)]}

Hospital Incentive Payment

Paid out over three years:

   Year 1 = 40%

   Year 2 = 40%

   Year 3 = 20%

Hospitals must meet patient 10% Medicaid patient volume each year and Meaningful Use for Years 2 & 3.

Payments are made in alignment with the fiscal year

Adopt, Implement, Upgrade

- Adopt: Acquired and installed
  - E.g., Evidence of acquisition, installation, etc.

- Implement: Commenced utilization
  - E.g., staff training, data entry of patient demographic information into EHR, data use agreements

- Upgrade: Version 2.0, expanded functionality
  - E.g., CMS EHR certification

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Meaningful Use Summary

Eligible Professionals

- 80% of patients must have records in the certified EHR technology
- 20 of 25 objectives and measures
- 8 measures require 'Yes' or 'No' answers
- 17 measures require numerator and denominator

Eligible Hospitals

- 19 of 24 objectives and measures
- 10 measures require 'Yes' or 'No' answers
- 14 measures require numerator and denominator

Reporting Period = 90 days for first year; entire year subsequently

Payment Process

1. Provider applies at the CMS registration site
2. Provider creates account in IMPA
3. Provider creates application in IMPA
4. Provider attests in IMPA
5. IME reviews and verifies
6. Payment/denial
7. Audit and appeal

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Medicare Incentive Program

- CMS will implement (will be an option nationally)
- Fee schedule reductions begin in 2015 for providers that are not Meaningful Users
- Must be a meaningful user in Year 1
- Maximum incentive is $44,000 for EPs
- MU definition will be common for Medicare

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Registration Home Page

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website.

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit CMS website.

➕ *Eligible Hospitals*

➕ *Eligible Professionals (EPs)*

CONTINUE

Enter the EHR Incentive Program URL into your web browser
https://ehrincentives.cms.cmsval/
Click
CONTINUE to start the registration process.
<u>TIPS</u>
• To determine your eligibility, click on the CMS website.
• For a list of Eligible Professionals *(EPs)*, click on the + sign next to Eligible Professionals.
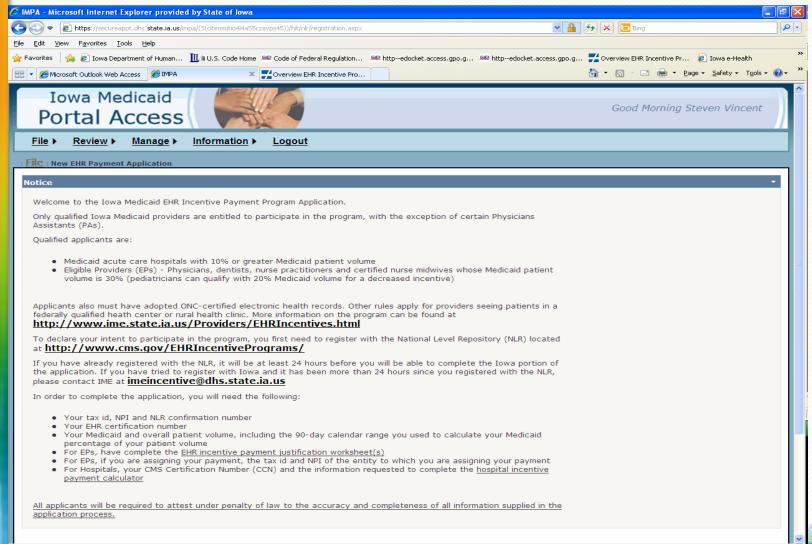
Iowa Medicaid Portal Access (IMPA)

- Create an account
- Each EP needs his/her own account
- To create an application, need:
  - Individual NPI
  - Individual TIN (SSN)
  - CMS Registration Confirmation Number
- Wait a day

IMPA Registration

complete the Iowa portion of the application. If you have tried to register with Iowa and it has been more than 24 since you registered with the CMS Registration Site, please contact IME at **imeincentive@dhs.state.ia.us**

In order to complete the application, you will need the following:

- Your tax id, NPI and CMS Registration confirmation number
- Your EHR certification number
- Your Medicaid and overall patient volume, including the 90-day calendar range you used to calculate your Medicaid percentage of your patient volume
- For EPs, have complete the EHR incentive payment justification worksheet(s)
- For EPs, if you are assigning your payment, the tax id and NPI of the entity to which you are assigning your payment
- For Hospitals, your CMS Certification Number (CCN) and the information requested to complete the hospital incentive payment calculator

All applicants will be required to attest under penalty of law to the accuracy and completeness of all information supplied in the application process.

Registration Information (Please enter the following Information you received from CMS Registratio

NPI:	
Tax ID:	
Confirmation Number:	

after entering your information click register.

[Register]   [Clear]

Iowa Medicaid
Portal Access

Good Morning

File ▶   Review ▶   Manage ▶   Information ▶   Logout

EHR Payment Applications   **Registration Details**

Start Application

Tax ID:	▉▉▉▉▉▉▉▉
NPI:	▉▉▉▉▉▉▉▉
Payment Year:	1 ▾
Certification Number:	▉▉▉▉▉▉▉▉

Continue

after you press continue
this message will appear. ↙

Thank You for starting your application. Please come back after 1 business day, after some initial processing, to complete an attestation.

Iowa Department of Human Services

Iowa Medicaid Enterpris

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Registration Details in IMPA

- The information under "Registration Details" is what IME received from CMS

- Any updates to that data must be made at the CMS National Registration site

- Will need your CMS EHR Certification Number

Attestation

- Answer questions
- You may upload documentation (patient volume and EHR adoption required)
- You can change your answers to the point you "sign"
- You can view and print your answers
- You may be asked to supply supporting documentation pre or post-payment
- Keep records for six years

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Verification

- 2011 – Submit proof by attestation
  - Provider type in good standing, Medicaid enrolled, if appropriate
  - Patient threshold
  - Not hospital-based
  - Certified EHR technology
- 2012 – Electronically submit summary quality measure data
- Keep proof for six years

Resources

- CMS EHR Incentives for Medicaid and Medicare
  - www.cms.gov/EHRIncentivePrograms
- Iowa Medicaid Incentive Program
  - www.ime.state.ia.us/Providers/EHRIncentives.html

  - http://groups.google.com/group/iowa-medicaid-provider-incentive-program

Questions?

- Contact
  - Medicaid EHR Incentive Payments
    - Kelly Peiper, Medicaid HIT Coordinator
      - IMEincentives@dhs.state.ia.us
      - 515-974-3071
    - Melissa Brown, Eligibility Program Specialist
      - 515-974-3123

IFMC HIT Regional Extension Center Services

Who is Eligible	Services Offered

• Physicians, Pas, and NPs
    With prescriptive privileges
 	
• Family Practice, Internal Medicine,
  Pediatrics, and OB/GYN
 	
• Individual and small groups of 10
  or fewer professionals
 	
• Public and critical Access Hospitals
• Community Health Centers
•Rural Health Clinics
 	
•Uninsured and underserved settings
	• Meaningful Use
	
	• EHR Goal Setting
	
	• EHR Readiness Assessments
	
	• Prepare staff and office for EHR
	
	•EHR Implementation guidance
	
	•Privacy and Security Best Practices
	
	•Workflow analysis and redesign

For more information please visit us at www.iowahitrec.org
or email us at: IowaHITREC@ifmc.org

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The Midwest Community College HIT Consortium- Goals

- Develop and sustain a regional network of community colleges providing HIT educational programs
- Create standardized, short-term certificate training programs in HIT for the 6 roles identified by the ONC
- Train current & dislocated health career and information technology professionals, students, recent graduates & veterans to become HIT professionals equipped to implement, support and integrate electronic health care information systems into diverse healthcare practice settings
- Provide placement services for trained HIT professionals into the workforce across Region C

Six Roles

Mobile Workforce

- Practice Workflow and Information Management Redesign Specialists
- Clinician/Practitioner Consultants
- Implementation Support Specialists
- Implementation Managers

Onsite Support Personnel

- Technical/Software Support Staff
- Trainers

For More Information

- Kirkwood Community College
  - www.kirkwood.edu/hitconsortium
  - Robbin Rekemeyer- Program Manager
    - 319-398-1278
    - Robbin.rekemeyer@kirkwood.edu

- Des Moines Area Community College
  - https://go.dmacc.edu/conteddesc/hit/Pages/welcome.aspx
  - Stephanie Wilson- Program Manager
    - 515-964-6361
    - sjwilson3@dmacc.edu

Information and Resources

ehealth@idph.iowa.gov

866-924-4636

www.IowaeHealth.org

IowaHITREC@ifmc.org

800-373-2964

www.IowaHITREC.org

Imeincentives@dhs.state.ia.us

515-974-3071

www.ime.state.ia.us

Proposed Chronic Condition Health Home Program

- What is a health home?
- Who can be a health home?
- How to register as a health home?
- What members should be in a health home?
- How are members enrolled?
- How are providers reimbursed?
- When does the program start?

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What is a health home?

- Medical home, patient centered medical home, patient centered primary care, and health home are prevalent in current circulation,

- Our definition for the general concept of a health home includes the 7 principles of a PCMH and the definition found in the Iowa HF2539.

- Those 7 principles are…

What is a health home?

- Personal provider for each patient,
- Physician-Directed care team,
- Whole Person Orientation,
- Coordinated/Integrated Care,
- Emphasis on quality and safety,
- Enhanced Access
- Appropriate payment reflecting the added value of a Medical Home.

(see handout for details of services within each bullet above)

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Who can be a health home?

- A practice with at least one MD, DO, ARNP

- May include, but are not limited to, entities enrolled as a Physician Clinic, Community Mental Health Centers, Federally Qualified Health Centers, and Rural Health Clinics

- A health home may include multiple sites when those sites are identified as a medical group that shares policies and procedures and electronic systems across all of their practice sites.

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Health Home Team Support

Health Home Services promote a <u>TEAM</u> environment

- For example, physicians, physician assistants, nurses, care coordinators, nutritionists, social workers, behavioral health professionals, dental professionals, and chiropractors.

- Those services may or may not occur at the physical location of the health home.

- The designated provider coordinates, directs, and ensure results are relayed back to the health home.

- The use of HIT is the recommended means of facilitating these processes.

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How to register as a health home?

- Register with IME (using IMPA)
- Sign a Health Home Agreement
- Attest to providing Health Home Services (see hand out)
- Attest to Medical Home Certification or submit a completed TransforMed self-assessment for readiness.
- Health Homes must achieve certification within one year.

What members should be in a health home?

- At least one serious and persistent mental health condition
- Two chronic conditions
- One chronic condition and at risk for a second:
  - Mental Health Condition
  - Substance Use Disorder
  - Asthma
  - Diabetes
  - Heart Disease
  - Overweight, as evidenced by a BMI over 25
  - Hypertension

How are members enrolled?

- Members opt-in to the program at the provider's office
  - Provider identifies qualified members
  - Member completes an Agreement Form
  - Provider completes a Patient Risk Assessment
  - Forms are uploaded to (via IMPA)

How are Providers Reimbursed?

- Per-member-per-month care coordination health home payment:
  - PMPM targeted <u>only</u> for members with chronic disease
  - Tiered payments increase (levels 1 to 4) depending on the number of chronic conditions
  - Providers submit monthly PMPM claim
  - Tiers are verified retrospectively through claims data.

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How are Providers Reimbursed?

- Performance payment tied to achievement of quality/performance benchmarks:
  - Annually, starting in year 2 correlating with state fiscal year
  - Payment tied to achievement of quality/outcome measures for the health home.
  - Measures align with Wellmark CoQ, meaningful use, and other national quality initiatives

When does the program start?

Early 2012

Questions?

- Contact
  - Medicaid Health Home Program
    - Marni Bussell, Project Manager
      - mbussel@dhs.state.ia.us
      - 515-256-4659